File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

#### FOR INSTRUCTIONS, SEE BACK OF FORM

		E SUMMARY PAGE		market be the state of	
COMMITTEE NAME (Must	be same as on Statement of Org	ganization)			17 AH 8:48
Um sch-il	For Sun-alia	•	1 1		' An 8: 48
(1)Statewide/Legislative/Judge (4)County Central Committee	pe of committee you are reporting for e Standing for Retention Candidate (5)County Candidate (6)City Carunty PAC (9)City PAC (10)School	or: 5 (2) State PAC (3) State Party adidate (7) School Board or Other Political Subdivision PA	cal (Re	<b>DR-2</b> ev. 07/2007) r Office Use On	DISCLOSURE REPORT
CANDIDATE COMMITTEES	S ONLY:		1 1		
Candidate Name	. /	Political Party (if applicable)			
Jim Umschri	d Jr	by Petition			
Office Sought  Clay County	y Supervisor	District (if Senate or House)	Aud	dited	
Late reports are subject to pos candidate's committee, and th Jim Umsche SIGNATURE OF PERSON F	e chairperson, for any other type o	Pursuant to Iowa Code sections 68B.3 of committee, is the individual responsible of the committee of the individual responsible of the committee of the committ	ible for filing t	A.401(3), the cimely and accu	rate reports.
I AM FILING A Oct	19 2008	REPORT FOR (1) ELECTIO	N /(2\NON-E	I ECTION YE	AR
	(report date)	Indicate by	<u> </u>	LECTION	A. C.
	TO REPORT DATED	·			
CHECK IF AMENDMENT	TO REPORT DATED		Local Comn	nittees, enter Da	ate of Election
	nination) report and attach Notice e to file reports until a DR-3 is file		which Elect	ion is held	s, enter County in
				ay	
STATE	MENT OF CASH ON HAI	ND			
committee. This a	inning of the reporting period. (7 mount <b>MUST</b> be the same as th g period or must be zero if this is		\$	0	
ADD TOTAL MON	IEY TAKEN IN THIS PERIOD			_	
Schedule A: Cash	Contributions total (Attach Sch	edule A) (*also see in-kind below)		440,0	0
Schedule F: Loans	s Received total (Attach Schedu	ile F)		1/000,00	9
		ttach Schedule H)			
<u>(Schedul</u>	e H applies to Candidates' Co	mmittees Only) SUB-TOTAL	\$	1440,0	00
SUBTRACT TOTA	AL MONEY SPENT THIS PERIC		·		
		B) (**also see debts and loans below	<i>(</i> )	1158	174
		dule F)			
		report balance must be zero)		1281.20	 የ
				001.00	
•		– .		11/70	2
	`	hedule E)		4790	
		dule F)	\$	1000,0	
	WN (Schedule G Attached?)		_	YES	_ NO
CANDIDATE COMMITTEES					
<b>VALUE OF CAMPAIGN PR</b>	ROPERTY (From Schedule H - A	ttach Schedule H)	\$		

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

## For Instructions, See Back of Form

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Umscheid For Supervisor	

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		RAISER INCOME
	ID#	Clinton Jones			
-/a/a	CK#	1505 18th Au W		\$	
3/9/08	ID#	Spencer Ia 51301	Friend	50,00	
	10#	Kent christensen			
5/10/08	CK#	3930 340 tu AL	Friend	100.00	
5/9/08 5/10/08	ID#	Spencer In 57301	Friend	700,00	
1 1	01/4	Evert Amis 2180 435 th st Box531			
8/29/08	CK#	Guzenulle In 57343	Friend	20,00	
	ID#	Gary Hybres			
9/3/08	CK#	1205 Grand Au S	Friend Friend	•	
7/3/08	154	Spencer Fa 51301	Friend	250,00	
	ID#	Reynold Peterson			
9/23/08	CK#	1604 Hth AV E	<u></u>	1200	
7100110	ID#	Spenero Iq 51301	Friend	80,00	
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
<del></del>	•		CUD TOTAL	<del>                                     </del>	Ļ

SUB-TOTAL

TOTAL (if last page of this schedule)

HUD.OO

Page \_\_\_\_\_ of \_\_\_\_\_

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

5/12/08

ID#

CK#

ID#

CK#

ID#

CK#

ID#

CK#

ID#

CK#

# **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

Spencer In 57301

Spenser Signs 518 4+4 Ave E

BOX 231

Spencer In 57301

capital Promotions

Glenside PA 19038

Dailty Reporter Emilmankre Box 197

Spencer In 51301

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

18,00

ı

COMMITTE	E NAME (Must be s	same as on Statement of Organization)		
Ums	chrid F	or Supervisor		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/2/08	ID# CK#	Dailey Reporter E Milwaukez Box 197 Spencer Fa 51301	campaign Ad	\$ 66,00
5/12/08	ID# CK#	Dailey Reporter Emilwaykee Box 197 Spencer Fa 51301	campaign Ad	66,00
	ID#	Speed Printers		

SUB-TOTAL \$ //58. > 2TOTAL (if last page of this schedule) \$ //58. > 2-

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

	 1	1
Page	 of	 

	SCHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organization)	<b>E</b> (Rev. 06/97)	IN KIND CONTRIBUTIONS
Umscheid For Supervisor	CHECK	CTHIS BOX IF DING FORM

DATE		DELATIONOUS	5		· · · · · · · · · · · · · · · · · · ·
RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
5/12/08	Jim Umscheid Jr 3040 250 th Au Spencer In 51301	Candidata		\$ 45.13	CONTRIBUTION
5/18/08	Jim Umschrod J- 3040 150 th Ac Spencer Is 51301	can dodete	Vard Signs		
5/8/108	Jim Umschzid J- 3040 250 ta Au 3panca- ta 51301	candidate	yard signs campaign Ad	66,00	
		<del></del>	SUB-TOTAL	\$	

TOTAL (if last page of this schedule)

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_\_(for Schedule E)

OMMITTEE NAM	E(Must be same as on Statement of Organization)		<b>F</b> (Rev. 02/08)	LOANS RECEIVED
	the reports money loaned to the committee which is deposited in the	Committee account	CHECK	
	ANS FROM LAST REPORTING PERIOD \$		AMENDIN	NG FORM
RT I - MONETA (Original s	RY LOANS RECEIVED <u>THIS</u> REPORTING PERIOD source of loan, such as a bank, must be shown if a third party is invo	olved. Include loans from candi	date's personal f	funds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT (	OF LOAN
8/38/08	Jim Umscheid Jr	se/F	1000	00
£.		TOTAL (PART I)	\$ 1000	,00
ART II - MONET (Loans fo	ARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD orgiven must be reported on Schedule E In-kind Contributions.)			
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable	AMOUNT I	REPAID
			\$	
	TOTAL CASH RE	EPAYMENTS (PART II)	\$	
	From Schedule E TOTAL	LOANS FORGIVEN	\$	
	TOTAL OUTSTANDING LOANS END	OF REPORT PERIOD	\$	
naking a contribu consanguinity (blo	equires candidate committees to disclose the relationship of any relation to the committee. Relationship must be shown to the third degrood relatives) and affinity (relatives by marriage). If surname of contidate, but there is no familial relationship, enter "not applicable" in the property of the pro	ee of	of (for Schedu	/ le F)

SCHEDULE